2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2000 8:00 am
Secretary of State
03-20-2000 90011 036 ****70.00

DOCUMENT # N02212

1. Entity Name

FREEDOM SEVEN SENIOR CITIZENS COMMUNITY CENTER,

Principal Place of Business	Mailing Address
400 4TH STREET SOUTH COCOA BEACH FL 32931 US	400 4TH STREET SOUTH COCOA BEACH FL 32931-4723 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1325 N. Atlantic Ave.	P.O. Box 321203
Suite, Apt. #, etc.: Suite 170	Suite, Apt. #, etc.:
City & State: Cocoa Beach, Fl.	City & State: Cocoa Beach, Fl.
Zip: 32931 Country: Brevard	Zip: 32932-1203 Country: Brevard

4. FEI Number: 59-2423206 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MORGAN, JOSEPH R 580 S. BREVARD AVE. #815 COCOA BEACH FL 32931	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25	9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees	**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CT MORGAN, MARY LOUISE 580 S. BREVARD H. #815 COCOA BEACH FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MT MORGAN, JOSEPH R 580 S BREVARD, 815 COCOA BEACH FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TT WANSTREET, PAUL 3450 OCEAN BEACH BLVD. #505 COCOA BEACH FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST HALLOCK, MARY 1611 MINUEMAN CSWY. #110 COCOA BEACH FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (9/99)

12. *I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.*

SIGNATURE: Paul D. Wanstreet Paul D. Wanstreet 2-9-00 321-784-2313
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #